

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AS (SEMIAMBULATORY)

**Facility Information**

**Facility Name:** AUTUMN LIVING SOUTH (0010953)

**Address:** 4340 S 116TH ST, GREENFIELD, WI 53228

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/2006

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0096023      **End Date:** 11/25/2005      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008874    Served 12/10/2005

Deficiencies Cited

83.33(2)(g)1

83.33(3)(e)2.a

Subject Area

HEALTH MONITORING-COMMUNICABLE DISEASE

WRITTEN ORDER TO ADMINISTER MEDICATIONS

Compliance  
Verified

Corrected

**Survey ID:** 0095323      **End Date:** 06/22/2005      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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